## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10721355

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			8				_  [		FEE		RATE	FEE
FOR			NUMBER FILED .		NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			8 minus 20=		. 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS				nus 3 =	* 6	•		X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT							]	+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	. '	TOTAL	385	OR	TOTAL	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							<u>)</u>	SMALL E	NTITY	OR	OTHER SMALL &	
AMENDMENT A	4/25/01	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID/	BER OUSLY	PRESĖNT EXTRA		RATE	ADDI/ TIOMAL PEE		RATE	ADDI- TIONAL FEE
	Total	. 8	Minus	** (7)		=		. X\$ 9=		OR	X\$18=	
	Independent	· 3	Minus	***	5	= (//	[	X43=		OR	X86=	٠
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ا د	+/145=		OR	+290=	
							,	TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												1
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus '	**		=	]	X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	CLAIM	= .	+	X43=		OR	X86=	
	FIRST PRESE	NIATION OF MC	LIPLE DEF	CHOCKI	CDAIM	. L.J	۱ ۲	+145=		OR	+290=	
							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .	]	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	C 4114	=	<b>↓</b> [	X43=		OR	X86=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ADDIT. FEE	
•••	If the "Highest Nu The "Highest Nurr	mber Previously Pa ber Previously Pai	aid For IN THI d For (Total or	S SPACE independe	s less tha ent) is the	n 3, enter "3." highest numb			ropriate box	in <b>co</b> l	umn 1.	